

GOVERNOR

STATE OF ALABAMA BOARD OF HEATING, AIR CONDITIONING AND REFRIGERATION CONTRACTORS

8 Commerce Street, Suite 200 PO Box 305025 Montgomery, Alabama 36130-5025 (334) 241-0840

Fax: (334) 265-0570 www.hacr.alabama.gov



Kathy S. LeCroix EXECUTIVE DIRECTOR

HVAC CHANGE OF STATUS

INACTIVE to ACTIVE

Name ______ SSN _____ Certification # _____

Mailing Address				
City	County	State	Zip Code	
Business Name				
Business Address				
City	County	State	Zip Code	
Business Phone	Cell Phone _		Fax Number	
ACITVE CERTIFICATIO	N REQUIRES A \$15,000 PE	ERFORMANCE BOND IN	N THE EXACT BUSINESS NAME	
YOU MUST		e to Active: \$82.	LICENSE CARD	
	rees. macuv	c to Active. 402	30	
Γο pay by Credit Card, ento	er card information:	Master Card Visa	Exp Date	
Card Number:				
Signature (Required)		Dat	Date:	
Date Received:			Check #	
			Amount:	